	Under the Paperwork Reduction Act of 1995, no persons at			are required to respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control respond to a collection of information unless it contains a valid OMB control re			
DECLARATION FOR UTILITY OR			First Named Inventor				
DESIGN			COMPLETE IF				
MADE TEN	APPLICAT	ON"	Application Number				
(37 CFR 1.63)    X   Declaration   Declarati				09/963.800	6. 2001		
x Declaration Submitted		ted after Initial	Filing Date	1745			
with Initial	Filing (surcharge	Group Art Unit		COPY OF PAPERS OHIGINALLY FILED			
Filing 	(37 CF require	R 1.16 (e)) ed)	Examiner Name	Wills, M			
My residence, mailir believe I am the or isted below) of the s		enship are as stat inventor (if only or is claimed and fo	urface	or an original, first at a	nd joint inventor (if plural names a ntitled:		
the specification of	of which		(Title of the Invention)	)			
or was filed o	hereto n (MM/DD/YYYY)	09/26/200	as United	States Application	Number or PCT International.		
Application Number	109/903.00	0	nded on (MM/DD/YYYY)		(If applicable).		
I hereby state that	I have reviewed and	d understand the c	ontents of the above iden	tified specification,	including the claims, as amended		
I acknowledge the	s, material illionnau	ormation which is r	nation	-	t 1.56, including for continuation- application and the national or		
I hereby claim for plant breeder's ric united States of A priority is claimed	eign priority benefi hts certificate(s), ( merica, listed belo rights certificate(s	ts under 35 U.S.C or 365(a) of any P w and nave also in }, or any PCT int	: 119(a)-(d) or (f), or 36; CT international applicat gentified below, by check ernational application ha	5(b) of any foreign tion which designa king the box, any fo aving a filing date t	application(s) for patent, invented at least one country other that oreign application for patent, invented for the patent, invented for the application on the country of the application of the applicati		
Prior Foreig	n Application per(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claim	Certified Copy		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Number or Bar Code Label			OR	Corres	pondence address below	
Name Jody L. Factor							
Address 1327 W. Washington Blvd., Suite 5G/H							
City Chicago .			State	IL	ZIP 60	0607	
Country USA		Telephone	(312) 2	26-1818	Fax (	312) 226-1919	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued theron.							
NAME OF SOLE OR FIRST IN	VENTOR: A	petition has b	een file	ed for this unsig	gned in	ventor	
Given Name (first and middle [if any]) Eric S	Given Name (first and middle [if any]) Eric S.  Family Name or Surname Kolb						
Inventor's Signature Enric 2 Kelt Date Nov. 8, 2001							
Residence: City Action	State MA	Country USA			Citizenship US		
Mailing Address 6 Tenney Cir.							
See March			ZIP 01720			Country USA	
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Denis G.  Family Name or Surname Fauteux							
Inventor's Signature						Date	
Residence: City Acton		State Massachi	ısetts	Country US		Citizenship CA	
Mailing Address 359 Arlington Street							
City Acton	State Massachusetts		ZIP	01720		Country US	
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

\*Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

	110			<del></del>			
Direct all correspondence to:	× Customer Number or Bar Code Label			OR	Corres	spondence address below	
22876							
Name Jody L. Factor	PA'	TENT TRADEMARK	OFFICE				
			<del></del>	·-			
Address 1327 W. Washington Bl	lvd., Suite 5G/H						
City Chicago			State	IL	ZIP 6	0607	
	!	Tolo-1-	12471 7	DG 1919	F	(312) 226-1010	
Country USA		Telephone	(312) 2.	26-1818	rax (	(312) 226-1919	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued theron.							
NAME OF SOLE OR FIRST IN	IVENTOR: A	petition has be	een file	ed for this un	signed in	ventor	
				. — <del>——</del>			
Given Name (first and middle [if any]) Eric S	<b>)</b> .	Family Na or Surnar	ame ne Ko	olb			
times and imagic fu mility). The c		1					
Inventor's Signature		· .				Date	
Residence: City Action		State MA		Country U	SA	Citizenship US	
Residence. Only Addion		<u> </u>				<u> </u>	
Mailing Address 6 Tenney Cir.							
maining nauross o reiniey Oil.							
						C	
City Action	State MA		ZIP 01720			Country USA	
NAME OF SECOND INVENTO	DR: A	petition has b	een fil	ed for this u	nsigned ir	nventor	
Given Name	: G	Family N or Surna	ame me Fa	uteux			
(first and middle [if any]) Denis		U. Guilla				<u> </u>	
Lawrenter of the Control of the Cont							
Inventor's Signature Date Lov II, Covi							
			•	-			
Residence: City Acton State Massa			nusetts   Country US			Citizenship CA	
Residence: City Actory							
Mailing Address 359 Arlington Street							
!							
City Acton	State Massachusetts		ZIP	01720		Country US	
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box	H
---	---

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_ of \_\_^

Signature Kench State Residence: City Yokohama-shi  Mailing Address 1000, Kamoshida-cho  Mailing Address 1000, Kamoshida-cho  Mailing Address 1000, Kamoshida-cho  Mailing Address 1000, Kamoshida-cho  State Kanagawa-ken ZIP 227-8502 Country Japan    A petition has been filed for this unsigned inventor Given Name (first and middle [if any)) Family Name or Surname    Inventor's Signature   Date		<del></del>				<del></del>			
Kelichi Inventor's Signature Kerichi Kerichi State Residence: City Yokohama-shi Mailing Address 1000. Kamoshida-cho  Mailing Address 1000. Kamoshida-cho  State Kanagawa-ken ZIP 227-8502 Country Japan  Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])  Inventor's Signature  Date  Residence: City State ZIP Country Citizenship  Mailing Address  City State ZIP Country  A petition has been filed for this unsigned inventor Citizenship  A petition has been filed for this unsigned inventor Family Name or Surname  Inventor's Signature  Date  City State ZIP Country Citizenship  Date  Residence: City State Country Citizenship  Country Citizenship  Citizenship  Citizenship  Citizenship  Citizenship  Citizenship  Citizenship	Name of Additional Joint Inventor, it	_	☐ A petition has been filed for this unsigned inventor						
Inventor's Signature Keiichi Seki  Residence: City Yokohama-shi State Kanagawa-ken Country Japan Citizenship JAP  Mailing Address 1000, Kamoshida-cho  State Kanagawa-ken ZIP 227-8502 Country Japan  Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor  Given Name (first and middle [if any]) Family Name or Surname  Mailing Address  City State Country Citizenship  Mailing Address  City State ZIP Country  Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor  Family Name or Surname  Inventor's Signature  Date  Residence: City State Country Citizenship  Mailing Address  Mailing Address  Mailing Address  Mailing Address	Given Name (first and middle [if any		Family Name or Surname						
Residence: City Yokohama-shi  Mailing Address 1000, Kamoshida-cho  State					Seki				
Mailing Address 1000, Kamoshida-cho  Mailing Address 1000, Kamoshida-cho  Mailing Address 1000, Kamoshida-cho  Mailing Address 1000, Kamoshida-cho  State Kanagawa-ken Zilp 227-8502 Country Japan  Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any]) Family Name or Surname  Inventor's Signature  Residence: City State Country Citizenship  Mailing Address  Mailing Address  City State Zilp Country  Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any]) Family Name or Surname  Liventor's Signature  Date  Country  Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any]) Family Name or Surname  Inventor's Signature  Country  Citizenship  A petition has been filed for this unsigned inventor  Family Name or Surname  Date  Country  Citizenship  A petition has been filed for this unsigned inventor  Given Name (first and middle [if any]) Family Name or Surname  City State Country Citizenship  Mailing Address  Mailing Address	1					Date 11/13 , 200 /			
Mailing Address 1000, Kamoshida-cho  Mailing Address Aoba-ku  City Yokohama-shi State Kanagawa-ken ZIP 227-8502 Country Japan  Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Surname  Inventor's Signature Date  Residence: City State Country Citizenship  Mailing Address  City State ZIP Country  Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Citizenship  Mailing Address  City State ZIP Country  Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Surname  Inventor's State Country Citizenship  Inventor's Citizenship  Mailing Address  Mailing Address  Mailing Address  Mailing Address	Residence: City Yokohama-shi	ra-ken C	ountry Japan		Citizenship JAP				
State Kanagawa-ken   ZIP 227-8502   Country Japan	Mailing Address 1000, Kamoshida-cho								
City Yokohama-shi Kanagawa-ken ZIP 227-8502 Country Japan  Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  State  Country  Citizenship  Mailing Address  City  State  ZIP  Country  Citizenship  Country  Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])  Family Name or Surname  A petition has been filed for this unsigned inventor  Citizenship  Country  Citizenship  A petition has been filed for this unsigned inventor  Family Name or Surname  Country  Citizenship  Inventor's Signature  Date  Residence: City  State  Country  Citizenship  Mailing Address  Mailing Address	Mailing AddressAoba-ku								
Given Name (first and middle [if any])   Family Name or Surname	City Yokoháma-shi	State Kanagaw	va-ken	va-ken ZIP 227-8502 Country Japan					
Inventor's Signature Date  Residence: City State Country Citizenship  Mailing Address  City State ZIP Country  Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname  Inventor's Signature Date  Residence: City State Country Citizenship  Mailing Address  Mailing Address									
Residence: City  Mailing Address  Mailing Address  City  State  ZIP  Country  Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  State  Country  Citizenship  Date  Residence: City  State  Country  Citizenship  Mailing Address	Given Name (first and middle [if any	(['		F	amily N	ame or Surname			
Residence: City  Mailing Address  Mailing Address  City  State  ZIP  Country  Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  State  Country  Citizenship  Date  Residence: City  State  Country  Citizenship  Mailing Address									
Mailing Address  City State ZIP Country  Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor  Given Name (first and middle [if any]) Family Name or Surname  Inventor's Signature Date  Residence: City State Country Citizenship  Mailing Address  Mailing Address					Date				
City State ZIP Country  Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor  Given Name (first and middle [if any]) Family Name or Surname  Inventor's Signature Date  Residence: City State Country Citizenship  Mailing Address  Mailing Address	Residence: City State			Country		Citizenship			
City  Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  State  Country  Citizenship  Mailing Address	Mailing Address								
Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])  Inventor's Signature  Residence: City  State  Country  Citizenship  Mailing Address	Mailing Address		T	-	,				
Given Name (first and middle [if any])  Inventor's Signature  Residence: City  State  Country  Citizenship  Mailing Address	City State			ZIP	Country				
Given Name (first and middle [if any])  Inventor's Signature  Residence: City  State  Country  Citizenship  Mailing Address	Name of Additional Joint Inventor,		☐ A petition has been filed for this unsigned inventor						
Residence: City  State  Country  Citizenship  Mailing Address				Family Name or Surname					
Residence: City  State  Country  Citizenship  Mailing Address									
Mailing Address  Mailing Address				Date					
Mailing Address	Residence: City State			Country		Citizenship			
Mailing Address	Mailing Address								
	City	State		ZIP	Count	try			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.